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PTOL-85 (Rev. 08/07) Approved for use through 08/31/2010.

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95402 7590 04/1.V2010 LEYDIG, VOLT AND MAYER 180 N. STETSON AVENUE, SUITE 4900 TWO PRUDENTIAL PLAZA CHICAGO, IL 60601				Pee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below. (Depositor's name)			
,							(Date)
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTO	ATTORNEY		Y DOCKET NO.	CONFIRMATION NO.
10/599,524 TITLE OF INVENTION:	09/29/2006 ARTIFICIAL INTER	VERTEBRAL DISK	Hans Naegerl		20802/0	205146-1/80	1315
APPLN, TYPE	SMALL ENTITY	ISSUE PEE DUE.	PUBLICATION FEE DUE	PREV. PAID ISSUE	eper to	MAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$755	\$300	\$0		\$1055	07/15/2010
EXAMI	EXAMINER		CLASS-SUBCLASS				
YANG, AX	VDREW	3775	623-017130	-			
I. Change of corresponder CFR 1.363). Change of corresponder Address form PTO/SB. "Fee Address" indic PTO/SB/47; Rev 03-02 Number is required. 3. ASSIGNEE NAME AN	ndence address (or Cha (122) attached (ation (or "Fee Address (or more recent) attack	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively. (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. THE PATENT (print or type) Reel/Frame: 018574/0017					
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Authorized Signature	A. W		William.		***************************************	2010	
Typed or printed Basis: Thomas P. Canty			Registration No. 44,586				
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